

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 2157

FOR OFFICE USE ONLY **II: 12983**

Cjm

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RECEIVED JUL 16 2013

cl # 2157 \$50.

II Client Information

Name: Homeward Bound Adirondacks

Permanent Business Address: PO BOX 1100

City: SARANAC LAKE

State: NY

ZIP code: 12983-1700

Business Phone: 518-891-4151

Fax Number: NONE

Third Party Beneficiary (see instructions): NONE

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: DAN KLORES COMMUNICATIONS, INC. DBA DKC GOVERNMENT A Phone Number: 518-813-4832

Address: 111 WASHINGTON AVENUE

City: ALBANY

State: NY

ZIP code: 12210

Compensation for current period: \$2000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$2000 .00

IV Other Expenses (Current Semi-Annual Period Only)

- A** Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00
- B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00
- C Itemize each expense exceeding \$75:**

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$0 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: CORDELIA CORPERATION

or
Single Source Person's Last Name: First Name:

Address: 45 CHRISTOPHER STREET, #17B

City: NEW YORK State: NY ZIP code: 10014

Phone:

Date Contribution Received:	06 / 25 / 2012	Amount of Contribution:	\$ 16000 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

VI Subjects lobbied:

1) ADMINISTRATIVE ADVOCACY WITH RESPECT TO GOVERNMENT STRATEGY; 2) MONITORING AND ANALYSIS OF STATE FUNDING OPPORTUNITIES AND STATE AGENCY ACTIVITIES RELEVANT TO NYS LEGISLATIVE AND EXECUTIVE BRANCHES; 3) PUBLIC RELATIONS REPRESENTING HOMEWARD BOUND.

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

NEW YORK STATE EXECUTIVE AND LEGISLATIVE BRANCHES

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: 

DATE: 7/15/2013

PRINT NAME: LAST ROSS

FIRST ROBERT

TITLE: PRESIDENT

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.